

# HAMILTON (W<sup>m</sup> D.)

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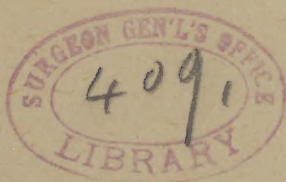
A Report of Seven Operations  
upon the Kidney.

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REPRINTED FROM

The New York Medical Journal  
*for August 16, 1890.*





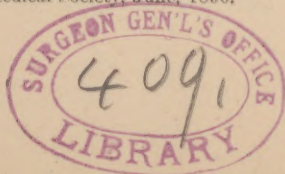
A REPORT OF  
SEVEN OPERATIONS UPON THE KIDNEY.\*

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RENAL surgery may be said to have received its first legitimate impetus in 1869, when Simon, of Heidelberg, relieved a patient suffering from ureteric fistula by removing the kidney of the affected side through a lumbar incision. The growth of this phase of abdominal procedure has been rapid from that time to this, and certain operations on the kidney are looked upon to-day as conservative undertakings. No paper, however brief, would be complete which omitted the name of that master of renal surgery, Mr. Henry Morris, of Middlesex Hospital, London; while the valuable contributions of Thornton, Tait, Hahn, Bennett May, Lange, and many others, deserve prominent mention in this connection.

The cases forming the subject of this paper are six in number, and are all that have come under the observation of the writer in the last three years in which an operation was allowed. There were two nephrorrhaphies, two nephrotomies, two nephrectomies, and one incision, with drainage, for perinephric suppuration in a case of movable kidney.

\* Read before the Northern Ohio Medical Society, June, 1890.



In a paper read before the Ohio State Medical Society at Toledo, in June, 1887, a successful nephrectomy, after preliminary exploratory incision, was described. Hence it will be seen that nine operations on the kidney comprise the entire experience of the writer in this department of surgery, and that, although in three instances the kidney was removed, all the patients recovered.

Judging from this list, the observations of Mr. Greig Smith and others would seem to be correct:

1. When the kidney is not greatly enlarged, lumbar nephrectomy is easier and safer for the general surgeon to perform than the anterior operation.

2. A preliminary nephrotomy lessens the danger of nephrectomy.

Absolute cleanliness was observed. A bath and laxative preceded the operation in each case. The bowels were thoroughly emptied, a simple diet having been persisted in for some days. At the time of operation the loin was scrubbed with soap and water, washed with ether, and afterward with a warm sublimate lotion. Antiseptic irrigation was freely resorted to. In the preparation of hands, instruments, sponges, and everything else that could influence the result, as great care was exercised as though the peritoneal cavity were to be invaded. I would here emphasize the great importance of having the patient covered with warm woolen blankets, except about the field of incision. In this way the pleura is less liable to give rise to trouble by becoming inflamed after operation.

*CASE I. Tubercular Suppuration of the Kidney; Nephrotomy; Nephrectomy Three Months Later; Recovery.*—Mrs. K., a stout German woman, aged twenty-two; residence, Columbus; married one year, and had never conceived. Has always menstruated regularly. In childhood she was treated successfully for hip disease, and, although she limps slightly, has nothing else



to show for her early misfortune. She had never had pain so intense that it could properly be called renal colic. Examination showed the lungs to be healthy. For several months prior to her admission to the hospital she had been losing flesh and strength. It was on account of frequency in urinating that she consulted a physician. Every such act was attended with scalding pain. At night her sleep was invariably interrupted in this way. Her appetite was poor. For four months she had had chilly sensations, a rise of temperature, and occasional night-sweats. During the few weeks in which she was under observation her pulse was never less than 100, and her temperature ranged from  $100.5^{\circ}$  to  $102.7^{\circ}$  F. A dull, aching pain had existed in both loins, especially in the right one, during the previous few months, and was subject to occasional exacerbations. She had observed that her urine, usually cloudy during her illness, was clearer and less in quantity when the right lumbar pain was most intense. A sandy sediment had been visible a few times. Blood had never been seen in the urine. Riding, walking, or any sudden movement always hurt her. Aside from such aggravating causes, she suffered more in the morning than at other times. Pressure over the left loin caused no inconvenience, but on the right side was distressing to her. No enlargement of the kidney or tumor was discernible through the thick parietes.

Examination of the urine showed that the reaction was invariably acid and that pus was always present. Neither casts nor tubercle bacilli were ever discovered. Sounding the bladder indicated the absence of stone. Vesical irrigation with a warm solution of boric acid gave temporary relief.

*Diagnosis.*—Pyelitis, with possibly stone in the kidney.

*Operation, October 13, 1888.*—Ether narcosis. Costo-iliac space was very short. A hard pillow having been placed beneath the sound side, thus putting the right loin on the stretch, an incision was made four inches and a half long, below and parallel to the last rib, terminating two inches and a half from the spine. It was extended for a distance of an inch vertically downward at its inner end. The fatty capsule was normal and not strongly adherent. The kidney, enlarged to several times

the ordinary dimensions, was lobulated and fluctuant. Exploratory puncture revealed an inodorous mixture of pus, urine, and serum. An incision into the renal substance permitted the free discharge of this fluid. Carrying in the finger, the organ was found to be converted into a sacculated tumor, the various compartments of which contained fluid. No stone was found. Thorough irrigation with bichloride solution was employed, a rubber drain was inserted into the kidney substance, and the wound was closed with silk stitches. Her convalescence was uneventful, the wound healing except in the track of the drainage-tube, where urine and pus continued to discharge.

There was an entire subsidence of pain and hectic, and the urine voided in the natural way became perfectly clear and was free from albumin. She grew stronger, her color improved, and but for the presence of the fistulous opening, her health would have been perfect. She was advised to have the kidney removed in order to get rid of this source of irritation and annoyance; and accordingly re-entered the hospital.

*Operation, January 19, 1889.*—Incision through the old cicatrix. The various anatomical layers were matted together so as to render them difficult of recognition. Owing to the thickness of the parietal fat and the density of the scar, the isolation of the kidney was by no means easy. The proper capsule having been incised, the fingers were used in separating the adhesions between capsule and kidney until finally it was generally freed. At this point the greatest obstacle to the completion of the operation was encountered. Although diminution in size had supervened as a result of the nephrotomy of three months before, the great depth at which the pedicle had to be secured, and the fact that fully the upper two thirds of the organ lay behind the projecting rib and intercostal space, added to the delay, and frequent efforts to ligate the pedicle resulted in failure. Finally a wire *écraseur* was passed around it, and included in its grasp vein, artery, ureter, and a small amount of renal tissue. In order to deliver the kidney it was cut away piecemeal, the constrictor being tightened during the dissection. Thorough irrigation followed and the *écraseur* was left in the wound. Considerable pain marked her convalescence.

There was very little fever and the urine remained clear. The instrument was tightened from day to day as the pedicle loosened, and it came away four weeks after the operation. Anodynes were employed to subdue the localized pleuritic inflammation that followed. She was discharged a few days later, and has since remained in good health. A small sinus lasted for some months, but finally ceased to give rise to annoyance.

CASE II. *Supposed Case of Renal Calculus; Preliminary Exploratory Incision; Temporary Relief; Recurrence of Hæmaturia; Nephrectomy; Recovery.*—Miss J. P., aged twenty-six; residence, Delaware, Ohio. Had been an invalid for five years and a half, during the latter part of which time she had painful micturition as often as four or five times hourly, night and day. She had several attacks of renal colic, four of which were very severe. The worst one had occurred just prior to her admission to the hospital. For two years previous to operation she had never been free from hæmaturia. Pain was always referred to the left loin, which was tender on pressure, although there was no sign of enlargement. She was reduced in flesh and weighed eighty-five pounds. She was a bedridden invalid most of the time. Her father had died of phthisis pulmonalis, and she had incipient disease of the same character. Her last attack of renal colic, in April, 1889, continued a week, was very severe, and a large quantity of clear blood was passed. The urine usually contained blood finely mixed with it. No pus, casts, albumin, or sabulous matter could be detected. Tenderness in the left loin was so marked that she flinched, even when under ether, if pressure was applied to that part of the body. Sounding for vesical calculus yielded negative results, and a careful use of the instrument failed to discover any papillomatous tumor or other irregularity in the wall of that viscus. Examination by the rectum and by conjoined manipulation produced like negative results. Her alvine evacuations and menstruations were regular and presented no peculiarities. In the previous year she had habitually observed that the hæmaturia was aggravated during the premenstrual week. All attempts to relieve this condition by rest and medication failed. Urethral dilatation and antiseptic vesical irrigation likewise were of no avail.



Something must be done to relieve the continual drain upon her strength. An exploratory left lumbar incision was advised and was performed by Dr. Charles S. Hamilton. The usual plan was adopted. The organ was found upon exposure to be slightly above the average in size, smooth, and free from indurations in its substance. All parts of it were carefully examined with the finger. A systematic series of punctures was made, but no abnormality was discovered. The wound was closed, a drain was inserted, and healing was prompt. For a week there was entire cessation of the hæmaturia and very little pain, the quantity of urine voided in twenty-four hours remaining the same as before—*i. e.*, from one to two pints. The fact that a subsidence of symptoms had taken place for the first time in a year after extensive puncture of the left kidney was regarded as strong presumptive evidence that the organ of that side had an important relation to the hæmaturia.

Furthermore, the bleeding, pain, and scalding in passing water had returned with redoubled intensity, and greatly discouraged the patient. She was advised to submit to a second operation, and if, after incisions into the renal substance, no explanation of the hæmorrhage could be found, nephrectomy was to be done.

*Operation, May 15, 1889.*—Having fresh in mind the difficulties encountered in previous nephrectomies, I followed the very valuable suggestion of Lange by resecting the twelfth rib, so as to give increased room for the necessary manipulations. The incision through the former cicatrix was easily accomplished, as union was not yet firm. An extension of it at an acute angle, joining the inner end of the former one, resulted in the formation of a V-shaped flap. The muscles were well cleared away in the dissection toward the median line, which greatly facilitated the operation. A coarse silk ligature secured the pedicle *en masse*. Her convalescence was tedious. She had no hæmaturia, voided healthy urine freely, and gave no anxiety on account of ugly renal symptoms. Owing to the free exposure of the pleura, the unavoidable chilling of the left side from having it uncovered during the operation, and the cooling effects of evaporation following irrigation, she had a sharp attack of



pleurisy with effusion. This, however, finally yielded to appropriate measures, the wound healed kindly, and she has gained in flesh and strength. She is now in good health, weighs one hundred and nine pounds, and is filling a responsible clerical position.

This case is one involving rather unscientific interference in that the kidney is apparently healthy. It involves a startling and apparently unjustifiable empiricism. The explanation of the hæmaturia and pain I am unable to give. The supposition that a small calculus became lodged in the ureter and escaped detection may explain it. Again, early tubercular involvement might account for it. The justification would seem to lie in this fact, that a young woman who had been a confirmed invalid for three years has been restored to health and usefulness. It may well be added that an operator should feel better satisfied when, in addition to having his patient get well, he is able to indicate clearly the pathological reason for the course pursued. She has had amenorrhœa since the last operation, and it is hard to convince her that the uterine appendages were not also removed.

CASE III. *Movable Kidney; Nephrorrhaphy; Recovery.*—Mrs. N. B., aged thirty, sent by Dr. C. F. Coyle, of Galion, Crawford County, Ohio, had had both menstrual and premenstrual pain for nine years. Had soreness in the left inguinal region. The most severe pain was that which preceded menstruation for several days, and was of a bearing-down character. The effort to walk any distance caused pain. A copious stool was attended with soreness in the region of the left kidney. Examination showed a tumor descending on the left side to a level with the anterior superior spine when the patient stood upright. It was freely movable, and, if the horizontal posture was assumed, it could readily be forced into the loin. On October 5, 1889, an incision was made below the last rib, similar to that described above. The fatty capsule was found to be very loose. The

proper capsule was incised. Silk stitches were made to include skin, subcutaneous structures, and both capsules, the fatty capsule being pulled taut in such a manner that the excess lay outside the wound. No febrile disturbance ensued, and healing by granulation was the result. The organ has remained in its proper place, and she is free from symptoms that could be attributed to the pathological condition alluded to.

CASE IV. *Suppurating Kidney; Nephrotomy; Recovery.*—Mrs. G. T., of Columbus, was referred to me by Dr. N. R. Coleman, who had diagnosticated a suppurating left kidney. Was twenty-seven years old, had been married nine months, and her menstrual life had been a normal one. There was nothing pointing to the existence of pelvic suppuration. In her sixth year she had severe pain in the left side, always aggravated by riding or jolting. The only period of her life in which she had enjoyed entire immunity from suffering was that extending from the twenty-first to the twenty-fourth year. She had always been subject to renal colic. With the exception of the interval alluded to, she never passed a month without one such experience. The pain started in the loin and followed the ureter. She estimated that forty attacks had occurred in the last three years, and they had been steadily increasing in severity. Furthermore, pus had been observed for the first time in the urine, and had increased in quantity until it became very profuse. No stone or sabulous matter was ever visible.

The average amount of urine excreted in twenty-four hours, when Dr. Coleman first saw her, was one quart, and half of it was purulent. Reaction always acid. Vomiting had never taken place.

The weight of the patient was seventy pounds, whereas formerly it had been one hundred and thirty. It is uncommon even in advanced phthisis to see greater emaciation. The left hypochondrium and loin were exceedingly tender and quite prominent, especially at a point an inch behind the midaxillary line in the center of the costo-iliac space. Upon palpating the left loin, a hard, tender, rounded, smooth swelling filled the upper part of this space and encroached upon the hypochondrium. It was all the more apparent on account of her extreme ema-

ciation. The same tests applied to the other side elicited an apparently healthy condition. The average pulse was 90, temperature 99.37°. Diagnosis confirmed. Néphrotomy. On November 19, 1889, an incision in the most tender part of the loin found the fatty capsule tough, indicating inflammatory changes. A needle brought pus. The knife, being inserted, opened a large abscess cavity, the contents of which were very foul. A pint and a half of this material was discharged. The kidney was extensively disorganized. After thorough washing out with a weak sublimate solution and the insertion of a rubber drainage-tube, the wound was closed. No untoward symptoms were present, and she got well rapidly. Her appetite became good and she took on flesh at such a rate that she gained sixty-three pounds in six months. The urine is normal, she is free from pain, and, aside from the fact that she has an inoffensive sinus, her health is excellent.

CASE V. *Movable Kidney; Nephrorrhaphy; Cure.*—Mrs. E. R. K., of Plain City, Madison County, Ohio, was sent to me by Dr. J. H. Gardner, of that place, with the above diagnosis. She was twenty-seven years old, had been married five years, had one child three years old, and had miscarried at the sixth month soon after marriage. She dated her disability from the latter event. Her menstruations have been regular, and for seven years had been painful. During the last six months she had dragging pain for a week prior to menstruation. Beginning in the right loin and following the direction of the ureter of that side, there was continual soreness, aggravated at times by standing or walking. A smooth, ovoid tumor could be detected on the right side. It was freely movable between the upper part of the right inguinal and the lumbar regions. Its shape was that of the kidney. A singular fact in her case was this: that lying on the back frequently caused her pain to increase, and at such times standing erect gave her relief. In the last two years and a half she had had twelve attacks of severe pain in that part of the abdomen indicated. The urine was normal. There was no nausea. The diagnosis of movable kidney was confirmed, and nephrorrhaphy was done January 25, 1890. The same plan was adopted as in Case III, the skin, fatty, and fibrous tissue being

secured with silk stitches, the fatty layer having been pulled taut while the redundant tissue was allowed to remain on the outside. Free scratching of the kidney was resorted to, so that an abundant plastic exudate would be thrown out. In this, as in Case IV, Mr. Morris's suggestion of stuffing the wound lightly with gauze was used and with good effect. Healing by granulation resulted, and there was an entire absence of unpleasant symptoms. This patient has unquestionably been entirely relieved, so that she now enjoys perfect health. She has gained fifteen pounds in weight.

CASE VI. *Movable Kidney; Nephrorrhaphy attempted; Perinephric Suppuration found; Incision and Drainage; Failure to find the Kidney; Recovery; Improvement.*—Mrs. C. A. W., of Columbus, a delicate woman, aged fifty, married twenty-one years, had four children, the youngest ten years old. She had not yet ceased to menstruate. Ten years previously, after the birth of the last child, she had typhoid fever followed by severe pains in right foot, on account of which she wore a supporting shoe for two years. This was followed by severe pains in the back, for which a plaster jacket was put on and worn for three months with some relief. One year prior to admission she had a relapse and her health became poor. She had rigors, loss of appetite, flesh, and strength. Micturition occurred fifteen to twenty times in twenty-four hours, accompanied with burning pain, referred to the neck of the bladder. When standing or walking, her form was stooped. A movable lump descended to within an inch of the level of the navel. She had pain in the right kidney and ureter, and was only comfortable when lying on that side.

Specific gravity of urine, 1.020. Traces of albumin. Diagnosis, movable kidney.

*Operation, February 18, 1899.*—The usual lumbar incision for nephrorrhaphy was made. Opening the loin, a large quantity of inoffensive pus escaped. It resembled thick mayonnaise dressing. The kidney could not be found. Irrigation was thoroughly carried out and a drainage-tube was inserted. Her recovery was tedious, but was not marked by intensity of symptoms. She was discharged from the hospital four weeks later.



She has gained several pounds in flesh, and can stand and walk erect without pain. The kidney can now be located where it is firmly fixed nearly as high as it should be. She feels well as long as the sinus discharges. There is now about twelve per cent. of pus in the urine.

In cases where perinephric suppuration attends a movable kidney, failure to find the organ at the time of operation has occasionally resulted. In this case the improvement in position is probably due to contraction of the abscess cavity—*i. e.*, the distended fatty capsule. The radical operation of removal may yet have to be done.





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